Clinical Continuum of Systemic Lupus in Saudi Arabia

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Lupus nephritis was seen in all regions of Saudi Arabia. Type 1V lupus nephritis was seen in 58.7% of the patient from eastern region and the results are comparable to other regions a [2,7-9]. The outcome of lupus nephritis varied among different regions. Our study from eastern region suggested that one patient progressed to chronic kidney disease and rest of them showed improvement [2]. However, the study from the Riyadh region on a larger sample showed a higher number of patients progressing towards chronic kidney disease, which was attributed to the older age of onset, presence of hypertension, elevated serum creatinine and proliferative lupus nephritis [9]. Improved survival in Eastern and Western regions was attributed to the younger age of onset, normal initial serum creatinine and early response to treatment with immunosuppressive drugs [2,7].

Non-specific constitutional symptoms like fatigue and malaise was seen in all 46 patients from Eastern region study and this was attributed to F to anemia but the possibility of other contributing factors like depression and sleep deprivation were not excluded, as identification of these factors needs thorough neuropsychiatric assessment [2]. Lack of patients’ awareness about this symptom was considered as a contributor for low prevalence of fatigue in other region [7].

Fever was seen in all 46 patients from Eastern Saudi Arabia [2] and this was similar to the results of a study from the central region [10]. But was reported at high rate in western region as compared to eastern and central regions of Saudi Arabia [7]. Fever was related to multiple factors such as increased disease activity [2] or underlying infections [10]. Neuropsychiatric manifestations were similar in almost all the regions [2,7,8]. However headache was also seen in about 28.3% of patients from eastern Saudi Arabia, which is higher as compared to the other regions [2,5,6].

Musculoskeletal manifestations seen in the cases from Eastern region were mostly arthralgia and myalgia [2] and this was different from other studies in which arthritis was found to be more prevalent [7,8,10]. Cardiovascular and pulmonary manifestation seen in different ranged from serositis to deep venous thrombosis were almost similar in all the regions [2,5,10]. Hematologic abnormalities seen in most patients were anemia and thrombocytopenia but the study from eastern region [2] suggested more patients with thrombocytopenia than in Western Saudi [7]. Anemia in all the studies was multi factorial in origin and varied from anemia of chronic disease to hemolytic [2,5,7,8,10]. Serologic test results from almost all the studies were found to be similar with high titer ANA and AntiDsDNA. However, relatively lower complement levels were observed from Eastern region [2] and this was attributed to increased disease activity.

The common causes for hospital admission in most studies were infections and active lupus [2,10,11]. Systemic infections were related to multiple factors, including high disease activity reflected by...
hypocomplementemia, renal disease and the use of immunosuppressive drugs, including steroids [10,11]. Infections and active SLE were the common etiologies reported [11]. In a study by Alzeer [12] studying the outcome of Saudi Systemic lupus patients in ICU, it was found that the SLE patients admitted to the ICU had a lower mortality rate than some of the previous reports. Patients with SLE with high APACHE score, > or =20, poor health status, thrombocytopenia and multi organ dysfunction syndrome had poor prognosis in the ICU [2].

In conclusion systemic lupus in Saudi Arabia is seen more in young females of child-bearing age. Clinical features are variable; however renal disease and nonspecific constitutional features were seen similar in almost all the studies. Prognosis is also variable and infections and active disease were the main determinant of mortality. Prospective studies are needed with collaboration among different regions to elaborate further the characteristics of the disease.

References